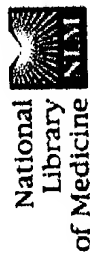


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FULL-TEXT ARTICLE

Viability and differentiation of autologous skeletal myoblast grafts in ischaemic cardiomyopathy.

Hagege AA, Carrion C, Menasche P, Vilquin JT, Duboc D, Marolleau JP, Desnos M, Bruneval P.

Assistance Publique-Hopitaux de Paris, Department of Cardiology, Hopital Europeen Georges Pompidou and INSERM EMI-16, Necker-Paris V University, Paris, France. hagege@club-internet.fr

Autologous skeletal myoblast transplantation might improve postinfarction ventricular function, but graft viability and differentiation (ie, proof of concept) has not been shown. A 72-year-old man had autologous cultured myoblasts from his vastus lateralis injected to an area of transmural inferior myocardial infarction in non-reperfused scar tissue. He showed improvement in symptoms and left-ventricular ejection fraction. When he died 17.5 months after the procedure, the grafted post-infarction scar showed well developed skeletal myotubes with a preserved contractile apparatus. 65% of myotubes expressed the slow myosin isoform and 33% coexpressed the slow and fast isoforms (vs 44% and 0.6%, respectively, in skeletal muscle). Myoblast grafts can survive and show a switch to slow-twitch fibres, which might allow sustained improvement in cardiac function.

PMID: 12583951 [PubMed - indexed for MEDLINE]

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myocardial tissue. These results establish the feasibility of myoblast transplants for myocardial repair in humans.

Publication Types:

- Clinical Trial
- Clinical Trial, Phase I

PMID: 12628737 [PubMed - indexed for MEDLINE]

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